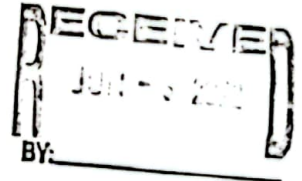


THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH  
<http://www.courts.state.nh.us>



Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number:  
(if known)

EX-101 3 222-2022-DM-139

## MOTION TO WAIVE FILING FEES

I, Michael Speight ☐ Petitioner ☐ Respondent in the above entitled matter, hereby request that the Court waive the filing fee and service fees in this case as I do not have the financial ability to pay for these fees. I have attached a financial affidavit, signed under oath.

In support of this motion, it is stated as follows:

I am Laid off I have 4,339  
OF Bills, I collect only 3000

Wherefore, it is respectfully requested that this Court waive the filing fee and service fees in this case.

Date

6/3/22

Signed

[Signature]

## COURT ORDER

☒ Motion Granted.☐ Motion Denied☐ Motion granted, in part. Filing fee reduced, party to pay \$ \_\_\_\_\_.☒ Payment of the Filing Fee may be assessed against either party at a further hearing.☐ Sheriff's Fees Waived☐ Sheriff's Fees Not Waived.☐ Service may be made by certified mail, return receipt requested.

## Recommended:

Date

Signature of Marital Master/Referee

Printed Name of Marital Master/Referee

## So Ordered:

~~I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.~~

Date

6-6-22

Signature of Judge

Michael J. Zalno

Printed Name of Judge

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>



Court Name \_\_\_\_\_

Case Name \_\_\_\_\_

Case Number  
(Petitioner)LC22 2022-DM-139**PARENTING PETITION**

This form replaces the former "Petition for Custody"

1. Petitioner Name MICHAEL SPEIGHT Relationship to Child FATHER  
 Date of Birth 1/6/70 E-mail Address SPEIGHT6317ATGMAIL  
 Residence Address 153 #1 N Shore RD Derry NH  
 Mailing Address (if different) \_\_\_\_\_  
 Telephone (Cell) 978-684 2196 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
2. Respondent Name AMANDA Kneiblein Relationship to Child MOTHER  
 Date of Birth 10/3/87 E-mail Address AMANDAKNEIBLEIN@YAHOO  
 Residence Address 48 RICHMOND RD Melrose MA 02176  
 Mailing Address (if different) \_\_\_\_\_  
 Telephone (Cell) 617-7718815 (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
3. Length of time petitioner has been a resident of New Hampshire 1 yr  
 Length of time child(ren) has resided in New Hampshire 1 yr
4. List minor children born to or adopted by the parties:

Name	Date of Birth	Current Address
VIVIAN SPEIGHT	6/3/17	with mother

Questions 5 – 9 are required under RSA 458-A, the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA).

It is important that you answer these questions with as much detail and accuracy as possible. Lack of adequate information could significantly delay orders being issued in your case.

There are several situations that might result in New Hampshire exercising jurisdiction over child/ren. The continuous presence of the child/ren in New Hampshire for six (6) months is not the only basis for jurisdiction. In some emergency situations, the court may be able to exercise jurisdiction on a temporary basis.



Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**PARENTING PETITION**

5. List the places where the minor child/ren of the parties has/have lived in the last five (5) years and the names of the people they lived with at that time, if you know. Start with where the child lives now and work backward in time.

Dates From/To	Town/City, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Child/ren
2017	ANDOVER	BOTH	RIVER RD	
2019				
2019				
2020	ANDOVER	BOTH	RIVER RD	
2021 - 2022	VERA			

If more space is needed, attach Extra Page (Form NHJB-2656-FP).  
☐ I have attached Form NHJB-2656-FP because additional space was needed.

6. Are there any person(s), not a party to this proceeding, who have physical custody of the child/ren or who claim to have custody, physical custody or parenting time rights? ☐ Yes ☒ No  
 If yes, list name(s) and address(es) of person(s):

7. Check one of the following:

☐ I have not participated in any court case(s) concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state.

OR

☒ I have participated in court case(s) concerning the custody, visitation, parenting time or placement of the child/ren in this or any other state. I have participated in the following:

Name of Court	State	Case No.	Date of Court Order
CHATHAM PROBATE	MA		2018

8. Are there any actions for enforcement, or proceedings relating to domestic violence, domestic relations, protective orders, marriage dissolution, paternity, legitimation, custody, parental rights and responsibilities, termination of parental rights, adoption, juvenile, or other proceedings in any court in any state affecting any children named in this petition or parents of those children? ☐ Yes ☒ No  
 If yes, complete the following:

Name of Court	State	Case No.	Type of Court Case



Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**PARENTING PETITION**

9. Optional: ☐ I am alleging, under oath, that my or my child/ren's health, safety, or liberty would be jeopardized by the disclosure of identifying information set forth in this Petition. To support my allegation, I state as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Please check one of the following regarding public assistance.
- ☒ No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided, for any minor child of the parties.
- ☐ The N. H. Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for a minor child or children of the parties. If you check this box, you must mail copies of this petition and the Personal Data Sheet (NHJB-2077-F) to DHHS at:
- New Hampshire Department of Health and Human Services  
Bureau of Child Support Services - Legal Unit  
129 Pleasant Street  
Concord, NH 03301

## 11. Requests for court orders:

- A. TEMPORARY. The Petitioner respectfully requests that the Court issue temporary orders on any of the following issues. (Check all that apply). A temporary order is in effect until the final hearing.
- ☐ Child support      ☐ Parenting Plan      ☐ Other \_\_\_\_\_
- B. FINAL. The Petitioner respectfully requests that the Court issue a final order approving or establishing the following (Check all that apply):
- ☒ A parenting plan which describes the parties' parental rights and responsibilities relating to minor children;
- ☐ Child support obligations for any minor children;
- ☐ Any other relief which may be appropriate;
- ☒ Other: CUSTODY

I acknowledge that I have a continuing duty to inform the court of any court action in this or any other state that could affect the child/ren in this case.

I swear or affirm that the foregoing information is true and correct to the best of my knowledge.

Date 6/3/24State of NH

Signature of Petitioner

County of Rockinghamby Michael SpeightThis instrument was acknowledged before me on 6/3/22My Commission Expires 7/5/23

Signature of Notarial Officer / Title

Signature of Attorney for Petitioner

Bar #

Printed Name, Address and Phone Number of Attorney

Page 3 of 3

NHJB-2051-F (04/30/2021)

THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH  
NH CIRCUIT COURT

10th Circuit-Family Division-Derry  
10 Courthouse Lane  
Derry, NH 03038

Telephone: 1-855-212-1234  
TTY/TDD Relay: (800) 735-2964  
<http://www.courts.state.nh.us>

RETURN OF SERVICE

Case Name  
Case Numbers



Middlesex Sheriff's Office • 400 Mystic Ave, 3<sup>rd</sup> Floor, Medford, MA 02155 • 617-547-1171  
Middlesex, ss.

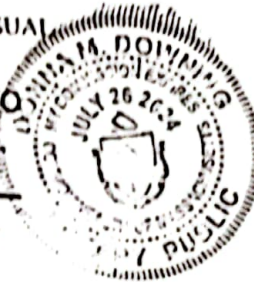
I hereby certify and return that on 6/30/2022 at 7:05 AM I served a true and attested copy of the NOTICE TO PARTIES, MOTION TO WAIVE FILING FEES, PARENTING PETITION, APPEARANCE/WITHDRAWAL, CHECK LIST & COVER SHEET, INFORMATION ABOUT RULE 1.25-A, CUSTODY AFFIDAVIT, MEDIATION, CHILD IMPACT PROGRAM NOTICE, FINANCIAL AFFIDAVIT, in this action in the following manner: To wit, by leaving at the last and usual place of abode of AMANDA KAELEBLEIN, 48 RICHARDSON RD MELROSE, MA 02176. Fees: Out of State Service (\$100.00) Total: \$100.00

June 30, 2022

PRO SE INSTRUCTED US TO LEAVE LAST AND USUAL

SUBSCRIBED AND SWORN TO

THIS 30<sup>th</sup> DAY OF JUNE 2022  
Laurie A. Aufrère  
NOTARY PUBLIC  
MY COMMISSION EXPIRES 7/26/2024



*Laurie Aufrère*  
Laurie Aufrère

Deputy Sheriff

named \_\_\_\_\_ being \_\_\_\_\_  
Street in \_\_\_\_\_ in said County, \_\_\_\_\_  
a copy of the attached pleading and order of notice thereon, attested as such by \_\_\_\_\_, Clerk of the Family Division for the County of \_\_\_\_\_, and State of New Hampshire, of which the foregoing is a true copy. I am authorized to serve similar process in the County where service was made.

(Signature of Sheriff or Deputy) (Official Title) (Address)

2B. Jurat of Clerk of Court or Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Signature of Notarial Officer / Title \_\_\_\_\_  
Affix Seal, if any

2C. Certificate of Clerk of Court or County Clerk

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_ Clerk of the \_\_\_\_\_ for the County of \_\_\_\_\_  
\_\_\_\_\_ and State of \_\_\_\_\_ do hereby certify that

\_\_\_\_\_ whose name is subscribed to the foregoing return of service, was at the time of making the same a deputy sheriff \_\_\_\_\_ in and for said county, and as such was duly authorized to service similar process in said county.

In witness whereof I have hereto set my hand and official seal \_\_\_\_\_

(OFFICIAL SEAL)

(Signature of Official) (Official Title) (Address of Official)